

jc960 U.S. PTO
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PTO/SB/05 (1/98)

Approved for use through 09/30/2000. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 91805001

First Inventor or Application Identifier Heard, Robert F.

Title Window And Door Frame Brickmould Having Integral J-Channel

Express Mail Label No. EF031558182US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	6. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification [Total Pages 23] (preferred arrangement set forth below)	7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
<ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 	
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 2]	8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
4. Oath or Declaration [Total Pages 3]	9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)
<ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below] i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). 	
5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	10. <input type="checkbox"/> English Translation Document (if applicable)
<ul style="list-style-type: none"> 11. <input checked="" type="checkbox"/> Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 14. <input checked="" type="checkbox"/> * Small Entity <input type="checkbox"/> Statement filed in prior application, (PTO/SB/09-12) <input type="checkbox"/> Status still proper and desired 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input checked="" type="checkbox"/> Other: Fee: H&K Escrow Acct. Check #1666. 	

* A new statement is required to be entitled to pay small entity fees, except where one has been filed in a prior application and is being relied upon.

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

Continuation Divisional Continuation-in-part (CIP)

of prior application No: /

Prior application information: Examiner _____ Group / Art Unit: _____

18. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)	<input checked="" type="checkbox"/> Correspondence address below
--	---	--

Name	Barry E. Kaplan, Esq. Hughes & Kaplan			
Address	2415 West Park Place Boulevard Suite B			
City	Stone Mountain	State	Georgia	Zip Code
Country	United States	Telephone	770-469-8887	Fax

Name (Print/Type)	Barry E. Kaplan	Registration No. (Attorney/Agent)	38,934
Signature	Barry E. Kaplan		
	Date	01/12/2001	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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0987 U.S. PTO
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FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.

These are the fees effective October 1, 1997.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

TOTAL AMOUNT OF PAYMENT (\$ 355.00)

Complete if Known

Application Number	
Filing Date	01/12/2001
First Named Inventor	Heard, Robert F.
Examiner Name	
Group / Art Unit	
Attorney Docket No.	91805001

METHOD OF PAYMENT (check one)1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number	
Deposit Account Name	
<input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance

2. Payment Enclosed: Check Money Order Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101	790	201	395
106	330	206	165
107	540	207	270
108	790	208	395
114	150	214	75
SUBTOTAL (1) (\$ 395.)			

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
20	-20**	= 0	= 0.
3	- 3**	= 0	= 0.
Multiple Dependent			

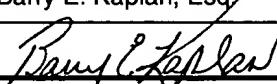
**or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	
103	22	203	11
102	82	202	41
104	270	204	135
109	82	209	41
110	22	210	11
SUBTOTAL (2) (\$ 0.)			

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
116	400	216	200
117	950	217	475
118	1,510	218	755
128	2,060	228	1,030
119	310	219	155
120	310	220	155
121	270	221	135
138	1,510	138	1,510
140	110	240	55
141	1,320	241	660
142	1,320	242	660
143	450	243	225
144	670	244	335
122	130	122	130
123	50	123	50
126	240	126	240
581	40	581	40
146	790	246	395
149	790	249	395
Other fee (specify) _____			
Other fee (specify) _____			
Reduced by Basic Filing Fee Paid			
SUBTOTAL (3) (\$ 0.)			

SUBMITTED BY

Typed or Printed Name	Barry E. Kaplan, Esq.	Reg. Number	38,934
Signature		Date	1/12/2001
		Deposit Account User ID	

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